

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

LIBERTARIAN NATIONAL COMMITTEE, INC.

ADDRESS (number and street) ▼

2600 VIRGINIA AVE NW

SUITE 200

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20037

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00255695

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
01 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Timothy R. Hagan

Signature of Treasurer

Timothy R. Hagan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
02 20 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
01 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">182653.40</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">182653.40</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">129115.88</span>	<span style="border: 1px solid black; padding: 2px;">129115.88</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">311769.28</span>	<span style="border: 1px solid black; padding: 2px;">311769.28</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">71074.15</span>	<span style="border: 1px solid black; padding: 2px;">71074.15</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">240695.13</span>	<span style="border: 1px solid black; padding: 2px;">240695.13</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 01 / 01 / 2013

To:

 M M / D D / Y Y Y Y  
 01 / 31 / 2013
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

48765.00

48765.00

(ii) Unitemized .....

80009.17

80009.17

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

128774.17

128774.17

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

128774.17

128774.17

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

341.71

341.71

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

129115.88

129115.88

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

129115.88

129115.88

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	71074.15	71074.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	71074.15	71074.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	71074.15	71074.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71074.15	71074.15

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	128774.17	128774.17
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	128774.17	128774.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	71074.15	71074.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	341.71	341.71
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	70732.44	70732.44

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Mr. Mark N. Axinn Esq**

Mailing Address 338 E 78th St

City

New York

State

NY

Zip Code

10075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brill & Meisel

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 31 / 2013

**Transaction ID : SA11AI.90230**

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mr. Benjamin Aycrigg**

Mailing Address 3131 S Williams St

City

Englewood

State

CO

Zip Code

80113-3035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Epilon

Occupation

Stratic Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 10 / 2013

**Transaction ID : SA11AI.93091**

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

**C. David Bidwell**

Mailing Address 1840 Sheridan St #B11

City

Hollywood

State

FL

Zip Code

33020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 28 / 2013

**Transaction ID : SA11AI.92763**

Amount of Each Receipt this Period

365.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

915.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

## **A. Estate of Raymond Groves Burrington**

Mailing Address C/of Estate of R. G. Burrington  
 109 Northshore Dr Ste 303

City State Zip Code  
 Knoxville TN 37919-4925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Deceased

Deceased

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

01 / 17 / 2013

Transaction ID : SA11AI.93325

Amount of Each Receipt this Period

30800.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Dr. Larry Carlson**

Mailing Address 5689 Cabot Dr

City State Zip Code  
 Oakland CA 94611-2247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Investment Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 14 / 2013

Transaction ID : SA11AI.91894

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Terri Chapman**

Mailing Address 3408 Parsons Ridge Ln

City State Zip Code  
 Duluth GA 30097-5106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Pricewaterhouse Coopers, LLP

IT Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 07 / 2013

Transaction ID : SA11AI.91922

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

31300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

## **A. Kelvin Contreary**

Mailing Address 1 Wren St

City

New Orleans

State

LA

Zip Code

70124-4121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 08 / 2013

Transaction ID : SA11AI.92078

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Curtis A. Cook**

Mailing Address 19051 86th Ave NE

City

Bothell

State

WA

Zip Code

98011-2111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Peak Systems, Inc.

Occupation

Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 07 / 2013

Transaction ID : SA11AI.93199

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Mr. Michael W. Cook**

Mailing Address 46998 Courtyard Sq

City

Sterling

State

VA

Zip Code

20164-1856

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dept of Defense

Occupation

Cartographer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 03 / 2013

Transaction ID : SA11AI.90341

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Julia Coyte**

Mailing Address 831 Chamisal Rd NW

City

Los Ranchos

State

NM

Zip Code

87107-6407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.90926

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Anthony C. Crikis**

Mailing Address 8537 Acree Rd

City

Jacksonville

State

FL

Zip Code

32219-1111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CSX Transportation

Occupation

Communications Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 07 / 2013

Transaction ID : SA11AI.90417

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C. George Dimoulas**

Mailing Address 2325 21st St

City

Astoria

State

NY

Zip Code

11105-3713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tri-State Biodiesel

Occupation

Facility Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2013

Transaction ID : SA11AI.90813

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

## **A. Khedouri Ezair**

Mailing Address 931 Madison Ave Apt 3R

City  
New York

State Zip Code  
NY 10021-3570

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 24 / 2013

Transaction ID : SA11AI.92447

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Mr. Edward G. Fayle**

Mailing Address 495 N Main St Pmb 122

City  
Lakeport

State Zip Code  
CA 95453-4809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 15 / 2013

Transaction ID : SA11AI.92688

Amount of Each Receipt this Period

150.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Austin Hills**

Mailing Address 2546 Jackson St

City  
San Francisco

State Zip Code  
CA 94115-1121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Hills Exploration Corp.

Wine Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 02 / 2013

Transaction ID : SA11AI.93308

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. John Hopkins**

Mailing Address 5315 River Mill Cir

City

Marietta

State

GA

Zip Code

30068-4732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Zac Brown Band

Occupation

Musician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2013

Transaction ID : SA11AI.92125

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. John A. Iler**

Mailing Address 2160 Estevez Dr

City

The Villages

State

FL

Zip Code

32159-9518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 07 / 2013

Transaction ID : SA11AI.92828

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Mr. John M. Inks Jr.**

Mailing Address 49 Showers Dr Apt W314

City

Mountain View

State

CA

Zip Code

94040-1479

FEC ID number of contributing  
federal political committee.

C

Name of Employer

City of Mountain View, California

Occupation

Politician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 23 / 2013

Transaction ID : SA11AI.92317

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

**A. Dennis Jones**

Mailing Address 4876 Glen Isle Dr

City  
LovelandState  
COZip Code  
80538-6208FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 29 / 2013

Transaction ID : SA11AI.92789

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mr. Matthew Judkin**

Mailing Address 222 Karen Ave, Unit 4508

City  
Las VegasState  
NVZip Code  
89109-5235FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

FMR Mgt.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 23 / 2013

Transaction ID : SA11AI.90860

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Leonard J. Karpinski**

Mailing Address 2285 SW Creekside Ln

City  
McMinnvilleState  
ORZip Code  
97128-8948FEC ID number of contributing  
federal political committee.

C

Name of Employer

NANA WorleyParsons

Occupation

Principal Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 03 / 2013

Transaction ID : SA11AI.92338

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Mr. Richard Mark Kruse**

Mailing Address 2072 Comanche Rd

City  
Galva

State  
KS

Zip Code  
67443-8027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Great Plains Industries

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 28 / 2013

Transaction ID : SA11AI.90711

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Charles A. Livingston**

Mailing Address 4548 Longfellow Dr

City  
Plano

State  
TX

Zip Code  
75093-3520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Raytheon

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 03 / 2013

Transaction ID : SA11AI.90744

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Fred Martin**

Mailing Address 2121 Kermit Hwy

City  
Odessa

State  
TX

Zip Code  
79761-1137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M & N Metals, Inc.

Occupation

CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 09 / 2013

Transaction ID : SA11AI.90535

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. James E. Martin**

Mailing Address 133 W Rochelle Rd

City Irving State TX Zip Code 75062-5707

FEC ID number of contributing federal political committee.

C

Name of Employer

Microsoft Corp

Occupation

Support Escalation Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 29 / 2013

Transaction ID : SA11AI.93133

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mr. Stan Merkin**

Mailing Address 2336 SE Ocean Blvd Pmb 368

City Stuart State FL Zip Code 34996-3310

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2013

Transaction ID : SA11AI.92757

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Roy Minet**

Mailing Address 1081 Snapper Dam Rd

City Landisville State PA Zip Code 17538-1544

FEC ID number of contributing federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 07 / 2013

Transaction ID : SA11AI.90991

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert J. Moffitt**

Mailing Address 2438 Ridgewood Dr

City

West Columbia

State

TX

Zip Code

77486-9685

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2013

Transaction ID : SA11AI.92804

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mark A. Monoscalco**

Mailing Address 430 Lewers St Apt 23D

City

Honolulu

State

HI

Zip Code

96815-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 03 / 2013

Transaction ID : SA11AI.90485

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Michael G. Nees**

Mailing Address 922 Fox Rd

City

Knoxville

State

IL

Zip Code

61448-9300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nees Harley-Davidson

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 17 / 2013

Transaction ID : SA11AI.92214

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

## **A. Mrs. Virginia M. Paulsen**

Mailing Address 16428 E Kingstree Blvd

City State Zip Code  
 Fountain Hills AZ 85268-5440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 14 / 2013

Transaction ID : SA11AI.90323

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Jason Pedu**

Mailing Address 27 Wesvalley Rd

City State Zip Code  
 Lake Placid NY 12946-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Placid Industries Inc.

Machinest

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 03 / 2013

Transaction ID : SA11AI.91988

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Michael T. Platt**

Mailing Address 201 S Narcissus Ave Apt 1003

City State Zip Code  
 West Palm Beach FL 33401-5694

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

PlattForm Advertising

Chairman/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.90357

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Ms. Pamela P. Potter**

Mailing Address 538 Spring Place Rd NE

City State Zip Code  
 White GA 30184-2232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 02 2013

**Transaction ID : SA11AI.92540**

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Dr. Gil Robinson**

Mailing Address 5150 Broadway St # 610

City State Zip Code  
 San Antonio TX 78209-5710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 09 2013

**Transaction ID : SA11AI.92267**

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Charles K. Schumann**

Mailing Address 10354 Stephendale Way

City State Zip Code  
 Anchorage AK 99515-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 23 2013

**Transaction ID : SA11AI.91002**

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

**A. Bruce Simmons**

Mailing Address 18 Benjamin Dr

City State Zip Code  
 Washington NJ 07882-3560

FEC ID number of contributing federal political committee.

C

Name of Employer

KEC Properties, LLC

Occupation

Real Estate Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 14 / 2013

Transaction ID : SA11AI.92456

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. John Sinde**

Mailing Address PO Box 217

City State Zip Code  
 Fairfield CA 94533-0021

FEC ID number of contributing federal political committee.

C

Name of Employer

Pandamerica Imports, Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 07 / 2013

Transaction ID : SA11AI.93270

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Dr. Peter Thomas Skaff**

Mailing Address 5039 Morrill Way

City State Zip Code  
 El Dorado Hls CA 95762-7538

FEC ID number of contributing federal political committee.

C

Name of Employer

The Medical Clinic of Sacramento, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 30 / 2013

Transaction ID : SA11AI.92278

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Jeffrey A. Smith**

Mailing Address 9 Regent Dr

City

Ann Arbor

State

MI

Zip Code

48104-1738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U of Michigan

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 16 / 2013

Transaction ID : SA11AI.92369

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Dr. John R. Starynski**

Mailing Address 8118 Northern Rd

City

Minocqua

State

WI

Zip Code

54548-9103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic Health System

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 29 / 2013

Transaction ID : SA11AI.92200

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Charles A. Stickelman**

Mailing Address 3068 Noblet Rd

City

Mansfield

State

OH

Zip Code

44903-8634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Practical Network Design

Occupation

Computer Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 29 / 2013

Transaction ID : SA11AI.92153

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Steven H. Toon**

Mailing Address 553 Bluegrass St

City

Simi Valley

State

CA

Zip Code

93065-5458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 14 / 2013

Transaction ID : SA11AI.90995

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mr. Drury L. Vinton**

Mailing Address 69 Brightlook Dr

City

Saint Johnsbury

State

VT

Zip Code

05819-2812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.92659

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Aaron Wangler**

Mailing Address 2800 Pacific Ave

City

Bismarck

State

ND

Zip Code

58501-2516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Area Power Admin

Occupation

Electrical Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 22 / 2013

Transaction ID : SA11AI.90648

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Edward B. Wright**

Mailing Address 1796 Highway 25

City

Guthrie Center

State

IA

Zip Code

50115-8741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Broker Dealer Financial Services Corp

Occupation

Investment Broker & Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 08 / 2013

**Transaction ID : SA11AI.91893**

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

**B. James Zanolli**

Mailing Address 610 N Main St

City

Harrodsburg

State

KY

Zip Code

40330-1042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ashland Inc.

Occupation

Product Support Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 07 / 2013

**Transaction ID : SA11AI.92351**

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

48765.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

## **A. Postmaster**

Mailing Address 2500 Virginia Ave NW

City  
Washington

State  
DC

Zip Code  
20037-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.71

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2013

**Transaction ID : SA15.93467**

Amount of Each Receipt this Period

341.71

Postage refund

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

341.71

341.71

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

001

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

001

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

1818.27

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

Three 7-segment displays are shown side-by-side. The first display shows '01', the second shows '29', and the third shows '2013'. Each display has a small 'M' or 'D' or 'Y' indicator above the digits.

Age Group	Percentage
18-24	18.41
25-34	18.41
35-44	18.41
45-54	18.41
55-64	18.41
65-74	18.41
75-84	18.41
85+	18.41

MM / DD / YYYY

Age Group	Percentage
18-24	147.33
25-34	~100
35-44	~100
45-54	~100
55-64	~100
65-74	~100
75-84	~100
85+	~100



69.03

234.77

\_\_\_\_\_



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 41

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Dominick J. Dunbar**

Mailing Address 470 Raven Rd

City Stafford	State VA	Zip Code 22554-4006
------------------	-------------	------------------------

Purpose of Disbursement  
Employee Net Pay

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		16		2013

**Transaction ID : SB21B.93363**

Amount of Each Disbursement this Period

2093.84
---------

Full Name (Last, First, Middle Initial)

**B. Dominick J. Dunbar**

Mailing Address 470 Raven Rd

City Stafford	State VA	Zip Code 22554-4006
------------------	-------------	------------------------

Purpose of Disbursement  
Employee Net Pay

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2013

**Transaction ID : SB21B.93364**

Amount of Each Disbursement this Period

131.95
--------

Full Name (Last, First, Middle Initial)

**C. Paula Edwards**

Mailing Address 1200 G Street, N.W. Suite 800

City Washington	State DC	Zip Code 20005-0000
--------------------	-------------	------------------------

Purpose of Disbursement  
Fec Filing

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		09		2013

**Transaction ID : SB21B.93365**

Amount of Each Disbursement this Period

1500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3725.79
---------

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 41

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Financial Agent Federal Tax Deposit**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2013

Mailing Address PO Box 970030

City	State	Zip Code
St. Louis	MO	63197-0030

**Transaction ID : SB21B.93367**Purpose of Disbursement  
Federal Withholding

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1790.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. Financial Agent Federal Tax Deposit**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2013

Mailing Address PO Box 970030

City	State	Zip Code
St. Louis	MO	63197-0030

**Transaction ID : SB21B.93368**Purpose of Disbursement  
Medicare Company

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

189.89

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. Financial Agent Federal Tax Deposit**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2013

Mailing Address PO Box 970030

City	State	Zip Code
St. Louis	MO	63197-0030

**Transaction ID : SB21B.93369**Purpose of Disbursement  
Medicare Employee

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

189.89

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►

2169.78

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 41

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Financial Agent Federal Tax Deposit**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	3

Mailing Address PO Box 970030

City	State	Zip Code
St. Louis	MO	63197-0030

**Transaction ID : SB21B.93370**Purpose of Disbursement  
Social Security Company

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

8	1	1	.	9	2
---	---	---	---	---	---

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial)

**B. Financial Agent Federal Tax Deposit**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	3

Mailing Address PO Box 970030

City	State	Zip Code
St. Louis	MO	63197-0030

**Transaction ID : SB21B.93371**Purpose of Disbursement  
Social Security Employee

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

8	1	1	.	9	2
---	---	---	---	---	---

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial)

**C. Financial Agent Federal Tax Deposit**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	3

Mailing Address PO Box 970030

City	State	Zip Code
St. Louis	MO	63197-0030

**Transaction ID : SB21B.93372**Purpose of Disbursement  
Federal Unemployment

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

4	2	.	0	5
---	---	---	---	---

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1	6	6	5	.	8	9
---	---	---	---	---	---	---

--	--	--	--	--	--	--

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 41

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City St. Louis      State MO      Zip Code 63197-0030

Purpose of Disbursement  
Federal Withholding

001

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 29 / 2013
**Transaction ID : SB21B.93373**

Amount of Each Disbursement this Period

1553.00

Full Name (Last, First, Middle Initial)

**B. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City St. Louis      State MO      Zip Code 63197-0030

Purpose of Disbursement  
Medicare Company

001

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 29 / 2013
**Transaction ID : SB21B.93374**

Amount of Each Disbursement this Period

153.60

Full Name (Last, First, Middle Initial)

**C. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City St. Louis      State MO      Zip Code 63197-0030

Purpose of Disbursement  
Medicare Employee

001

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 29 / 2013
**Transaction ID : SB21B.93375**

Amount of Each Disbursement this Period

153.60

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1860.20

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 41

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Financial Agent Federal Tax Deposit**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2013

Mailing Address PO Box 970030

City	State	Zip Code
St. Louis	MO	63197-0030

**Transaction ID : SB21B.93376**Purpose of Disbursement  
Social Security Company

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

656.78

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. Financial Agent Federal Tax Deposit**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2013

Mailing Address PO Box 970030

City	State	Zip Code
St. Louis	MO	63197-0030

**Transaction ID : SB21B.93377**Purpose of Disbursement  
Social Security Employee

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

656.78

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. FP Mailing Solutions**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2013

Mailing Address PO Box 4510

City	State	Zip Code
Carol Stream	IL	60197-4510

**Transaction ID : SB21B.93378**Purpose of Disbursement  
Postage & Meter Resets

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

2000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►

3313.56

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 41

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. GreenPenz2600 Virginia Ave LLC**

Mailing Address PO Box 823784

City Philadelphia      State PA      Zip Code 19182-3784

Purpose of Disbursement  
Office Rent, Tax, Maint & Utilities

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 25 / 2013
**Transaction ID : SB21B.93380**

Amount of Each Disbursement this Period

11217.80

Full Name (Last, First, Middle Initial)

**B. Casey Hasen**Mailing Address 1445 Ogden St. NW  
Apt #212

City Washington      State DC      Zip Code 20010-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 16 / 2013
**Transaction ID : SB21B.93382**

Amount of Each Disbursement this Period

1018.14

Full Name (Last, First, Middle Initial)

**C. Casey Hasen**Mailing Address 1445 Ogden St. NW  
Apt #212

City Washington      State DC      Zip Code 20010-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 30 / 2013
**Transaction ID : SB21B.93383**

Amount of Each Disbursement this Period

1019.12

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13255.06

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 41

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Carla Howell**Mailing Address 1415 N Oak St Apt 503  
Apt # 503

City Arlington State VA Zip Code 22209-3652

Purpose of Disbursement  
Employee Net Pay

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 16 / 2013**Transaction ID : SB21B.93384**

Amount of Each Disbursement this Period

2295.05

Full Name (Last, First, Middle Initial)

**B. Carla Howell**Mailing Address 1415 N Oak St Apt 503  
Apt # 503

City Arlington State VA Zip Code 22209-3652

Purpose of Disbursement  
Employee Net Pay

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 30 / 2013**Transaction ID : SB21B.93385**

Amount of Each Disbursement this Period

2302.03

Full Name (Last, First, Middle Initial)

**C. Robert Johnston**

Mailing Address PO Box 7742

City Essex State MD Zip Code 21221-0742

Purpose of Disbursement  
Tele-fundraising Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 16 / 2013**Transaction ID : SB21B.93388**

Amount of Each Disbursement this Period

1728.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6325.08



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 41

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Robert Johnston**

Mailing Address PO Box 7742

City

Essex

State

MD

Zip Code

21221-0742

Purpose of Disbursement

Tele-fundraising Consulting

003

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

01

28

2013

**Transaction ID : SB21B.93389**

Amount of Each Disbursement this Period

2187.00

Full Name (Last, First, Middle Initial)

**B. Prof. Robert Steven Kraus**Mailing Address 2500 N Van Dorn St Apt 1608  
Apt 1608

City

Alexandria

State

VA

Zip Code

22302-1629

Purpose of Disbursement

Employee Net Pay

001

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

01

16

2013

**Transaction ID : SB21B.93390**

Amount of Each Disbursement this Period

1493.40

Full Name (Last, First, Middle Initial)

**C. Prof. Robert Steven Kraus**Mailing Address 2500 N Van Dorn St Apt 1608  
Apt 1608

City

Alexandria

State

VA

Zip Code

22302-1629

Purpose of Disbursement

Employee Net Pay

001

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

01

30

2013

**Transaction ID : SB21B.93391**

Amount of Each Disbursement this Period

1498.40

**SUBTOTAL** of Disbursements This Page (optional)..... ►

5178.80

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 41

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. MacBain Printing Co. Inc.**

Mailing Address 1301-B Governor Ct.

City

Abington

State

MD

Zip Code

21009-0000

Purpose of Disbursement

Non Candidate Party Printing Serv

003

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 15 / 2013**Transaction ID : SB21B.93392**

Amount of Each Disbursement this Period

580.00

Full Name (Last, First, Middle Initial)

**B. MacBain Printing Co. Inc.**

Mailing Address 1301-B Governor Ct.

City

Abington

State

MD

Zip Code

21009-0000

Purpose of Disbursement

Non Candidate Party Printing Serv

003

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 25 / 2013**Transaction ID : SB21B.93393**

Amount of Each Disbursement this Period

355.00

Full Name (Last, First, Middle Initial)

**C. Merchant Services**

Mailing Address 890 Mountain Ave

City

New Providence

State

NJ

Zip Code

07974-0000

Purpose of Disbursement

Merch Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2013**Transaction ID : SB21B.93394**

Amount of Each Disbursement this Period

435.52

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1370.52

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. PayPal Merchant Services**

Mailing Address 2211 N. First St.

City	State	Zip Code
San Jose	CA	95131-0000

Purpose of Disbursement  
Merch Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2013

**Transaction ID : SB21B.93397**

Amount of Each Disbursement this Period

1456.54
---------

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address 2600 Virginia Ave NW

City	State	Zip Code
Washington	DC	20037-0000

Purpose of Disbursement  
Bank Service Charge

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2013

**Transaction ID : SB21B.93399**

Amount of Each Disbursement this Period

193.52
--------

Full Name (Last, First, Middle Initial)

**C. PNC Visa Card**

Mailing Address P.O. Box 856176

City	State	Zip Code
Louisville	KY	40285-6176

Purpose of Disbursement  
PNC Visa Card Payment(See Memos)

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		28		2013

**Transaction ID : SB21B.93400**

Amount of Each Disbursement this Period

8922.58
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10572.64
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address PO Box 582820 - MD766

City Tulsa    State OK    Zip Code 74158-2820

Purpose of Disbursement  
Staff Travel - Air

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:    District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 28 / 2013
**Transaction ID : SB21B.93400.0**

Amount of Each Disbursement this Period

261.60

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Bid4Spots, Inc.**Mailing Address 15821 Ventura Blvd.  
Suite 570

City Encino    State CA    Zip Code 91436-0000

Purpose of Disbursement  
Party Radio Advertisement Non Candidate

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:    District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 28 / 2013
**Transaction ID : SB21B.93400.1**

Amount of Each Disbursement this Period

859.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Envesent Computer Repair, Inc.**

Mailing Address 4827 8th St S

City Arlington    State VA    Zip Code 22204-0000

Purpose of Disbursement  
Computer Repair

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:    District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 28 / 2013
**Transaction ID : SB21B.93400.5**

Amount of Each Disbursement this Period

247.50

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 41

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. IContact, Inc.**

Mailing Address 5221 Paramount Parkway

City  
MorrisvilleState  
NCZip Code  
27560-0000Purpose of Disbursement  
Email Marketing Services

003

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2013

**Transaction ID : SB21B.93400.6**

Amount of Each Disbursement this Period

1	2	3	4	5	6	7	8	9	0	.	0	0

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. ID Superstore**

Mailing Address 250 H Street #510

City  
BlaineState  
WAZip Code  
98230-0000Purpose of Disbursement  
Non Candidate Party Cards and Supplies

003

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2013

**Transaction ID : SB21B.93400.7**

Amount of Each Disbursement this Period

1	0	9	4	.	4	0

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Rackspace US Inc.**

Mailing Address 9725 Datapoint Dr. #100

City  
San AntonioState  
TXZip Code  
78229-0000Purpose of Disbursement  
Website Hosting Service

001

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2013

**Transaction ID : SB21B.93400.11**

Amount of Each Disbursement this Period

1	3	7	5	.	8	8

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0	0	0	0	0	0	0	0	0	0	0	0	0


<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

**[MEMO ITEM]**

**[MEMO ITEM]**

985.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 41

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Molly Schwoppe**

Mailing Address 12686 Catawba Dr

City  
WoodbridgeState  
VAZip Code  
22192-6414Purpose of Disbursement  
Employee Net Pay

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	16	/	2013

**Transaction ID : SB21B.93425**

Amount of Each Disbursement this Period

791.20
--------

Full Name (Last, First, Middle Initial)

**B. Molly Schwoppe**

Mailing Address 12686 Catawba Dr

City  
WoodbridgeState  
VAZip Code  
22192-6414Purpose of Disbursement  
Employee Net Pay

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2013

**Transaction ID : SB21B.93426**

Amount of Each Disbursement this Period

791.20
--------

Full Name (Last, First, Middle Initial)

**C. Gary Sinawski**

Mailing Address 180 Montague St., Apt 25-B

City  
BrooklynState  
NYZip Code  
11201-3623Purpose of Disbursement  
LP Legal Expenses

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	09	/	2013

**Transaction ID : SB21B.93427**

Amount of Each Disbursement this Period

3000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4582.40

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

Category/  
Type

3084.14

MM / DD / YYYY

Category/  
Type

3100.00

Category/  
Type

2004.45

8188.59

FEC Schedule B (Form 3X) Rev. 02/2003



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 41

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Virginia Dept. of Taxation**

Mailing Address PO Box 26644

City Richmond      State VA      Zip Code 23261-6644

Purpose of Disbursement  
VA - Withholding

001

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 15 / 2013
**Transaction ID : SB21B.93432**

Amount of Each Disbursement this Period

593.00

Full Name (Last, First, Middle Initial)

**B. Virginia Dept. of Taxation**

Mailing Address PO Box 26644

City Richmond      State VA      Zip Code 23261-6644

Purpose of Disbursement  
VA - Withholding

001

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 29 / 2013
**Transaction ID : SB21B.93433**

Amount of Each Disbursement this Period

463.00

Full Name (Last, First, Middle Initial)

**C. Worldwide Express**

Mailing Address PO Box 7624

City Arlington      State VA      Zip Code 22207-7624

Purpose of Disbursement  
Shipping

001

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 09 / 2013
**Transaction ID : SB21B.93434**

Amount of Each Disbursement this Period

431.83

**SUBTOTAL** of Disbursements This Page (optional)..... ►

1487.83

**TOTAL** This Period (last page this line number only)..... ►

70135.67